

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719357 (6)**  
 1. Corporation Name  
**PANHANDLE ANIMAL WELFARE SOCIETY, INC.**



Principal Place of Business 752 LOVEJOY ROAD FT. WALTON BEACH FL 32548-3845 US	Mailing Address 752 LOVEJOY ROAD FT WALTON BEACH FL 32548-3845
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3. Date Incorporated or Qualified  
**09/22/1970**

4. FEI Number  
**59-0815515**

Applied For	Not Applicable
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2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 [ ]  
 City & State

23 [ ]  
 Zip

24 [ ]  
 Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**REYNOLDS, KATHLEEN**  
**305 MAIN STREET**  
**DESTIN FL 32541**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>MD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANKENSHIP, BRIEN</b>	1.2 NAME <b>DEE THOMPSON</b>
STREET ADDRESS	<b>601 E. BURGESS ROAD. APT. A-4</b>	1.3 STREET ADDRESS <b>264 Brookwood Blvd</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP <b>Mary Esther FL 32569</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIACENTE, CINDY</b>	2.2 NAME <b>Nancy Kinston</b>
STREET ADDRESS	<b>398 GARDNER DR NE</b>	2.3 STREET ADDRESS <b>24 Neptune Dr</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	2.4 CITY-ST-ZIP <b>Mary Esther FL 32569</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOROUGH, DOE</b>	3.2 NAME <b>Steve Buels</b>
STREET ADDRESS	<b>372 GARDNER DRIVE, NE</b>	3.3 STREET ADDRESS <b>P.O. Box 4084</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	3.4 CITY-ST-ZIP <b>FWB FL 32549</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JANE</b>	4.2 NAME <b>Shari Flowers - Bruns</b>
STREET ADDRESS	<b>502 MASSACHUSETTS AVENUE</b>	4.3 STREET ADDRESS <b>M I C Audrey Dr</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	4.4 CITY-ST-ZIP <b>FWB FL 32548</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dee Thompson **SIGNATURE REQUIRED** Director 1/5/98 850-243-1526

CR2E037 (10/97)